As a below named inventor, I hereby declare that:

described and claimed in the specification:

Check one

My residence, post office address and citizenship are as stated below next to my name; that

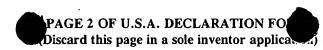
I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTRADISCAL LESIONING DEVICE

a. ⊠ attache b. ☐ filed or	d hereto.  as Application Serial No.	and amended on (if	applicable)		
I hereby state that I amended by any amendment re	•	e contents of the above-identified a	application, including the claims, as		
I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:					
"NONE"					
The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):					
	· "I	NONE"			
I hereby appoint the agents and/or attorneys included in the following Customer Number, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:					
Please send all correspondence and direct all telephone calls to:					
O20988 PATENT AND TRADEMARK OFFICE					
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Typewritten Full Name of Sole or First Inventor	Mark	s.	LEUNG		
	Given Name	Middle Initial	Family Name		
Inventor's Signature:	March	<del>]</del>	2002		
Date of Signature	Month	<u>L</u> Day	Year		
Residence	Toronto	Ontario	Canada		
City	Canadian	State of Province	Country		
Post Office Address 208-1153 Queen St. West, Toronto, ON, M6J 1J4, Canada					

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.



Typewritten Full Name of	)r			
Sole or First Inventor	Krishan	SHAH		
	Given Name	Middle Initial	Family Name	
Inventor's Signature:				
Date of Signature	ं चिन	28	2002.	
•	Month	Day	Year	
Residence Mississaug	ga	Ontario	Canada	
City		State of Province	Country	
Citizenship	Canadian			
Post Office Address	5102 Durie Rd., Mississauga, ON,	L5M 2C7, Canada		
Typewritten Full Name of Sole or First Inventor	Frank Given Name	H Middle Initial	BAYLIS Family Name	
Inventor's Signature:	Jany Laylis			
Date of Signature	FEBRUARY	28	2007	
	Month	Day	Year	
Residence Beaconsfie	eld	Quebec	Canada	
City		State of Province	Country	
Citizenship -	Canadian			
Post Office Address	358 Robin Ave., Beaconsfield, Quebec, H9W 1R8, Canada			

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to the Inventors. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.